U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

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## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



1. File Number U - 1/520

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

	1 / 1 / 2004 Through: 12 / 31 / 2004				
3. Name and address of person filing.	4. Name, file number, and address of labor organization.				
Name Harvey Whille	Name UFCW Local 1262				
	Labor Organization File Number 051-552				
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any				
Street 1389 Broad Street	Street 1389 Broad Street				
City Clifton	City Clifton				
State New Jersey ZIP Code + 4 07013	State New Jersey  State New Jersey				
5. Position in labor organization.  President					
Enter appropriate data below If, during the past fiscal year, you or your spo (except as specified in the exclu	use or minor child directly or indirectly had any of the following interests islons set forth in the instructions):				
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organizati	derived income or other economic benefit of on represents or is actively seeking to represent.				
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.				
Name Ahold USA	On 1-29-04 and 7-13-04, I attended business dinner meetings with representatives of Ahold, USA in Boston, MA. To my knowledge, representatives of				
Trade Name, if any: Stop & Shop Supermarkets, Co.	Ahold, USA paid for the dinners. I do not know the value of these meals.				
P.O. Box, Bldg., Room No., if any PO Box 55888	7.b. Amount.				
Street Street	A.S. Arrount.				
City Boston					
State Massachusetts ZIP Code + 4 02205-5888	3.5				
Sign	ature of the second sec				
15. Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompany undersigned's knowledge and belief, true, correct, and complete. (See the se	ing documents), has been examined by the signatory and is, to the best of the				
Signed Hawee Whelle	On 8/10/05 973 777 3700				
L	Date Telephone Number				

Name of Person Filing Harvey Whille	File Number U-			
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.				
8. Name and address of Business (including trade name, if any).  Name Davis, Cowell & Bowe, LLP  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street 1701 K Street N.W. Suite 210  City Washington  State District of Columbia ZIP Code + 4 20006	9. Business deals with:   a. Labor Organization  b. Trust  c. Employer			
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.			
Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any	Davis, Cowell & Bowe are Legal Counsel for UFCW Local 1262			
Street	11.b. Approximate dollar value of such dealing. \$84,000			
professional contract of the c	SELECTION OF SELEC			
City	12.a. Nature of interest held or income received.			
State ZIP Code + 4	12.a. Nature of interest held or income received.  Meals See attached spreadsheet			
	Meals			
	Meals See attached spreadsheet  12.b. Amount. \$545			
C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money	Meals See attached spreadsheet  12.b. Amount. \$545			
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	Meals See attached spreadsheet  12.b. Amount. \$545  er parts A and B above) or other thing of value.			
C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money  13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name UFCW Local 1262 Employer Benefit Funds	Meals See attached spreadsheet  12.b. Amount. \$545  For parts A and B above) or other thing of value.  14.a. Nature of payment.  Attended an Educational Conference during February 2004 in Florida to assist in fulfilling my fiduciary responsibility as a Trustee by being updated concerning developments relating to Trustee operations. Expenses included airfare,			
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money  13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name UFCW Local 1262 Employer Benefit Funds  Trade Name, if any:	Meals See attached spreadsheet  12.b. Amount. \$545  For parts A and B above) or other thing of value.  14.a. Nature of payment.  Attended an Educational Conference during February 2004 in Florida to assist in fulfilling my fiduciary responsibility as a Trustee by being updated concerning developments relating to Trustee operations. Expenses included airfare,			
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money  13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name UFCW Local 1262 Employer Benefit Funds  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street 1389 Broad Street	Meals See attached spreadsheet  12.b. Amount. \$545  For parts A and B above) or other thing of value.  14.a. Nature of payment.  Attended an Educational Conference during February 2004 in Florida to assist in fulfilling my fiduciary responsibility as a Trustee by being updated concerning developments relating to Trustee operations. Expenses included airfare,			
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money  13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name UFCW Local 1262 Employer Benefit Funds  Trade Name, if any:  P.O. Box, Bldg., Room No., if any	Meals See attached spreadsheet  12.b. Amount. \$545  For parts A and B above) or other thing of value.  14.a. Nature of payment.  Attended an Educational Conference during February 2004 in Florida to assist in fulfilling my fiduciary responsibility as a Trustee by being updated concerning developments relating to Trustee operations. Expenses included airfare,			

Name of Person Filing Harvey Whille	File Number U-
B. Held an interest in or derived income or economic benefit with monetary visubstantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is act (2) any part of which consists of buying from or selling or leasing directly or indealing with your labor organization or with a trust in which your labor organization.	erwise dealing with the business tively seeking to represent, or adirectly to, or otherwise
8. Name and address of Business (including trade name, if any).  Name Davis, Cowell & Bowe, LLP  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street 1701 K Street N.W. Suite 210  City Washington  State District of Columbia ZIP Code + 4 20006	9. Business deals with:  a. Labor Organization  b. Trust  c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name Trade Name, if any:  P.O. Box, Bldg., Room No., if any	Davis, Cowell & Bowe are Legal Counsel for UFCW Local 1262
Street	11.b. Approximate dollar value of such dealing. \$84,000
State ZIP Code + 4	12.a. Nature of interest held or income received.  Meals See attached spreadsheet
	12.b. Amount. \$545
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	г parts A and B above) or other thing of value.
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.  Attended an Educational Conference during February
Namo	2004 in Florida to assist in fulfilling my
Name UFCW Local 1262 Employer Benefit Funds	fiduciary responsibility as a Trustee by being
Trade Name, if any:	fiduciary responsibility as a Trustee by being updated concerning developments relating to Trustee operations. Expenses included airfare,
Annual Mark Annual Annu	fiduciary responsibility as a Trustee by being updated concerning developments relating to
Trade Name, if any:	fiduciary responsibility as a Trustee by being updated concerning developments relating to Trustee operations. Expenses included airfare,
P.O. Box, Bldg., Room No., if any	fiduciary responsibility as a Trustee by being updated concerning developments relating to Trustee operations. Expenses included airfare,
Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street 1389 Broad Street	fiduciary responsibility as a Trustee by being updated concerning developments relating to Trustee operations. Expenses included airfare,

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Name of Person Filing Harvey Whille		File Number U-

## Part C Continuation Page

C. Received from any employer (other than an employer covered under parts A payment of money or other thing of value.	and B above) or from any labor relations consultant to an employer any		
13.a. Name and address of Employer or Labor Relations Consultant (including	14.a. Nature of payment.		
trade name, if any).  Name UFCW Local 1262 Employer Benefit Funds	Business Meals at Trustee and Other Business Related Meetings See Attached Spreadsheet		
Trade Name, if any:	See Actioned Spiroausinee		
P.O. Box, Bidg., Room No., if any			
Street 1389 Broad Street			
City Clifton			
State New Jersey ZIP Code + 4 07013			
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment. \$662		
C. Received from any employer (other than an employer covered under parts A payment of money or other thing of value.	and B above) or from any labor relations consultant to an employer any		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.		
Name			
the same and the s			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street Street			
City			
State ZIP Code + 4			
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.		
C. Received from any employer (other than an employer covered under parts A payment of money or other thing of value.	and B above) or from any labor relations consultant to an employer any		
<ol> <li>Name and address of Employer or Labor Relations Consultant (including trade name, if any).</li> </ol>	14.a. Nature of payment.		
Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street			
City			
State ZIP Code + 4	Ad h. Account of any want		
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.		

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Name of Person Filing Harvey Whille	File Number U-
naivey millie	

## Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).	9. Business deals with:			
Name Empire Holdings Company, Inc.	a. Labor Organization			
Trade Name, if any: HorizonBlue Cross Blue Shield of NJ				
P.O. Box, Bldg., Room No., if any	b. Trust			
Street 33 Washington Street	c. Employer			
City Newark				
State New Jersey ZIP Code + 4 07102				
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.  I am on the Board of Directors for Empire Holding and received a stipend. After paying taxes on thi			
Name				
Trade Name, if any:	money, I donated the net amout to Fund .	a Charitable		
P.O. Box, Bldg., Room No., if any				
Street				
City				
State ZIP Code + 4	11.b. Approximate dollar value of such dealing.	\$6,200		
Systems proprietation and the anticommunication was a fractional and the second second second and the second	12.a. Nature of interest held or income received.	<u> </u>		
	see 11.a.			
		Service of the servic		
		**************************************		
		and before beautiful to the deposition of the figure of the most advertised on a residence of the standard terminal term		
	12.b. Amount.	\$6,200		